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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL  
for FY 2007 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 940)

Complete If Known	
Application Number	10/583,822
Filing Date	June 21, 2006
First Named Inventor	Thilo MARX
Examiner Name	Robert R. RAINES
Art Unit	2629
Attorney Docket No.	PD03012B

## METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498

Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_

Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17  
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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Rcissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

## Total Claims

Extra Claims Fee (\$) Fee Paid (\$)

-20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

## Indep. Claims

Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

## Small Entity

Fee (\$) Fee (\$)  
50 25  
210 105  
370 185

## Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_

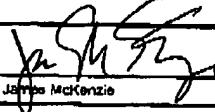
## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : RCB (\$810); 1-Month Ext of Time (\$130)

940

## SUBMITTED BY

Signature		Registration No (Attorney/Agent)	51,148	Telephone (609) 734-6888
Name (Print/Type)	James McKenzie			Date 10-08-2009

This collection of information is required by 37 CFR 1.126. The information is required to obtain or retain a benefit by the public which is to be享ed by the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 00 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 600 Dulany Street, Alexandria, VA 22313-1450. If you need assistance in completing this form, call 1-800-777-9100 (777-9100) and select option 2.

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Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).

FEE TRANSMITTAL  
for FY 2007 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

(\$ 940)

Complete if Known	
Application Number	10/583,822
Filing Date	June 21, 2006
First Named Inventor	Thilo MARX
Examiner Name	Robert R. RAINES
Art Unit	262B
Attorney Docket No.	PD030129

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Under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

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## Fee Description

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Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Small Entity	
	Fee (\$)	Fee (\$)			Fee (\$)	Fee (\$)
-20 or HP=	x	=				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	Fee (\$)

-3 or HP=	x	=	
HP = highest number of independent claims paid for, if greater than 3.			

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Fees Paid (\$)

940

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	51,146	Telephone (809) 734-6866
Name (Print/Type)	James McKenzie			Date 10-08-2009

The collection of information is required by 37 CFR 1.150. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8.0 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. An estimated average burden of 0.2 hours per response. Persons are encouraged to complete this form under suggested fee reductions for reducing the burden, should be MAILED to the Commissioner for Patents, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.